



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION  
3315 West Truman Blvd., P.O. Box 58  
Jefferson City, MO 65102-0058

## 1. INJURY NUMBER

# REQUEST FOR HEARING – FINAL AWARD

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Note: This form must be completed in its entirety and must be typed or hand printed in black ink.

**Please submit this form to the appropriate adjudication office.**

3. Employee	4. Attorney for Employee	2. Date of Injury
		5. Case Venue
		6. Party Requesting the Hearing
7. Employer(s)/Insurer(s)	8. Attorney for Employer/Insurer	9. Second Injury Fund Involved <input type="checkbox"/> Yes <input type="checkbox"/> No
		10. Attorney for Second Injury Fund
11. Please state all issues to be resolved by hearing. _____ _____		11a. The party requesting the hearing has conferred with all attorneys of record, whose names are listed here, regarding issues listed in No. 11. _____
12. Has all necessary discovery been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No 12a. Are parties prepared to present their evidence at hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No (The administrative law judge will consider a hearing request upon completion of discovery and parties' preparedness to present evidence at hearing.)		
13. The party requesting the hearing has conferred with the other attorney of record and estimates the hearing will last approximately _____ hour(s).		
14. The party requesting a hearing must provide all exclusionary dates after conferring with all attorneys of record for all offices except Kansas City. The Exclusionary dates are _____		
15. For cases venued in Jefferson City and Joplin, the party requesting the hearing has contacted the applicable office's docket clerk for available dates and has made a good faith effort to discuss these available dates with the other attorneys of record. Based on this information, the following dates, in order of preference, are requested for a hearing: _____ _____		

### Please Note

Any party that objects to a hearing request must file a written objection within ten (10) days after the request for hearing is filed. If no objections are received and if no date has otherwise been determined, the docket clerk will schedule the hearing on the next available date. If objections are filed, the administrative law judge will review the objections and may schedule a conference call with parties prior to setting the case; may schedule a docket setting prior to setting the case; or determine the request for setting is premature and take such action as the administrative law judge deems necessary prior to setting the case. The administrative law judge's determination as to the request for setting shall be made within twenty (20) working days of the receipt of the request at the local adjudication office having venue over the case.

### CERTIFICATE OF SERVICE

I, the undersigned, certify that, to the best of my knowledge, information and belief, the information set forth in this Request for Hearing – Final Award is true and accurate, and I further certify that a copy of this Request for Hearing – Final Award has been mailed or hand-delivered to all attorneys and/or parties of record this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Attorney's signature \_\_\_\_\_  
Bar Number \_\_\_\_\_ Date \_\_\_\_\_  
Attorney's Name (Printed) \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

DIVISION USE ONLY

### COMPLETED BY DIVISION OF WORKERS' COMPENSATION

Approved \_\_\_\_\_ Denied \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_

Please visit our website at [www.labor.mo.gov/DWC](http://www.labor.mo.gov/DWC) if you have any questions about your rights or benefits under the Workers' Compensation Law. Keep a copy for your records.

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